

I certify that on 11/4/05, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Craig A. Slavin

## PATENT

**Applicant:** Rahman

**Serial No.:** 10/615,081

**Filing Date:** July 8, 2003

**Title:** Folded Monopole Antenna  
For Implanted Medical Device

**Group Art Unit:** 2828

**Examiner:** Wimer

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

**Mail Stop Amendment**

### AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application:

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established.
- ☐ A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ A Petition for Extension of Time is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

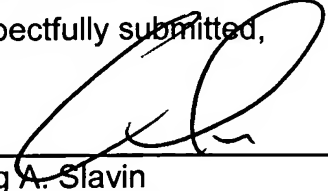
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Small Entity Rate	Add'l. Fee	Standard Rate	Add'l. Fee
<b>TOTAL</b>	38 minus	38 =	0	x \$ 25	\$	x \$ 50	\$
<b>INDEP.</b>	5 minus	4 =	1	x \$100	\$	x \$200	\$200
<input type="checkbox"/> 1st Presentation of Multiple Dependent Claim				x \$180		x \$360	
				<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$200</b>

- ☐ Please charge my Deposit Account No. 50-0638 the amount of \$ . A duplicate copy of this sheet is enclosed.

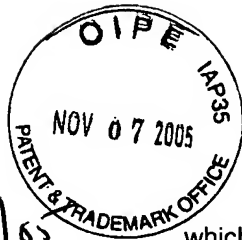
- ☒ A check in the amount of \$200 to cover the fee for additional claims is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

11/4/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Craig A. Slavin  
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P.O. Box 1450  
Arlington, VA 22313-1450

**Mail Stop Amendment**

### AMENDMENT IN RESPONSE TO THE OFFICE ACTION

**DATED AUGUST 24, 2005**

Sir:

In response to the Office Action dated August 24, 2005, please amend the above-identified application as follows:

**Amendments to the claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 9 of this paper.

11/08/2005 HTECKLU1 00000028 10615081

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